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State of Washington  
Department of Social & Health Services  
Division of Health

**PUBLIC HEALTH LABORATORIES & EPIDEMIOLOGY**

1610 NE 150th St., B 17-9, Seattle, Washington 98155

**SEROLOGY**

Bacterial  
Fungal  
Parasitic

LAB USE ONLY LAB NO.	DATE SPECIMEN OBTAINED			DATE OF ONSET		
	MONTH	DAY	YEAR	MONTH	DAY	YEAR
DATE RECEIVED	SEX			SPECIMEN		
MONTH DAY YEAR	1 <input type="checkbox"/> M	AGE		<input type="checkbox"/> 1st	<input type="checkbox"/> 2nd	<input type="checkbox"/> 3rd
	2 <input type="checkbox"/> F			(Initial)		
PATIENT'S NAME						

ADDRESS

City

Zip Code

TEST REQUESTED

FOR: DR.

ADDRESS:  
>

CITY:

STATE ZIP CODE  
WA

AREA CODE & PHONE NO.

DISEASE SUSPECTED

Chief Clinical Symptoms:

Has patient had Hepatitis? ☐ Yes ☐ No ☐ Unknown

Acute and convalescent phase blood or serum specimens are required. Please submit each specimen as soon as collected.

DO NOT WRITE BELOW THIS LINE

Laboratory Results:

ANTIGEN

TYPE  
TEST

S 1

S 2

ADDITIONAL  
SPEC.

INTERPRETATION OR COMMENTS:

DATE OF FINAL REPORT  
MONTH DAY